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	to for form 1449/PTO			Complete if Known			
2002/Unia idi idilir 1449/L 10		Application Number	09/657,181				
Substitute for form 1449/PTO  INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)	Filing Date	September 7, 2000					
STATEMENT BY APPLICANT				First Named Inventor	Scott A. MOSKOWITZ et a		
ST	• •			Art Unit	2857		
(Use as many sheets as necessary)			essary)	Examiner Name	NA		
Sheet	4	of	72	Attorney Docket Number	- 80408.0012		

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Examiner Initials*	Cite No.	Document Number	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant
	1.0.	Number-Kind Code <sup>2</sup> (I trom)			Figures Appear
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		Country Code <sup>3</sup> "Number <sup>6</sup> "Kind Code <sup>8</sup> (# known)				
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Examiner		Date Considered	04/30/2007
Signature	/Carol Isal/		1

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the appropriate symbols as indicated on the document shadt visit of shadows.

Translation is attached.

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